



# Annual Report of Operations for Year 2017

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG-130016

## Facility & Owner Information

Facility Name:

Colville Tribal Hatchery

Operator Name (Permittee):

Colville Confederated Tribes

Address:

79 Tribal Hatchery Road  
Bridgeport, WA., 98813

Email:

jill.phillips@colvilletribes.com

Phone:

(509) 686-9330

Owner Name (if different from operator):

Email:

Phone:

## Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.



ICIS  
1/22/18 JRC

## EPA General Permit WAG130000 - Annual Report

### Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **37,237**

Pounds of food fed to fish during the maximum month:

**5,234**

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

| Species                  | Fish Produced | Receiving Water(s) to which Fish were Released  | Month Released/<br>Spawned |
|--------------------------|---------------|---|----------------------------|
| Rainbow Trout            | 123,804       | Bourgeau, Buffalo, Gold, La Fleur, Little Goose, North Twin, Round, Rufus Woods, South Twin, and Summit lakes | 2-09/17                    |
| Lahontan Cutthroat Trout | 23,303        | Omak Lake   | 3-4/17                     |
| Brook Trout              | 21,682        | McGinnis, Owhi, Simpson, and Summit lakes   | 4-10/17                    |
|                          |               |   |                            |
|                          |               |   |                            |
|                          |               |   |                            |
|                          |               |   |                            |

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

| Month    | Total Fish (lbs) | Fish Feed (lbs) | Month     | Total Fish (lbs) | Fish Feed (lbs) |
|----------|------------------|-----------------|-----------|------------------|-----------------|
| January  | 27,576           | 5,234           | July      | 8,574            | 1,508           |
| February | 32,294           | 3,877           | August    | 9,884            | 2,173           |
| March    | 35,131           | 3,892           | September | 13,399           | 4,269           |
| April    | 24,280           | 2,516           | October   | 11,475           | 2,471           |
| May      | 13,389           | 2,528           | November  | 12,724           | 3,123           |
| June     | 13,934           | 2,404           | December  | 17,448           | 3,706           |

Additional Comments:



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### Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

| Type of Solid Disposed              | Date Disposed                     | Location Disposed |
|-------------------------------------|-----------------------------------|-------------------|
| Egg cull/mortality                  | 12/10/17                          | Okanogan landfill |
| Fish mortalities-froze and disposed | 4/12/17, 7/27/17, and<br>11/21/17 | Okanogan landfill |
|                                     |                                   |                   |
|                                     |                                   |                   |
| Additional Comments:                |                                   |                   |

### Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

| Date                 | Cause of Deaths                             | Steps Taken to Correct Problem | Pounds of Fish |
|----------------------|---|--------------------------------|----------------|
|                      | NONE to Report that<br>exceeded 5% per week |                                |                |
|                      |   |                                |                |
|                      |   |                                |                |
|                      |   |                                |                |
| Additional Comments: |   |                                |                |

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### Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

### Inspections & Repairs for Production & Wastewater Treatment Systems

| Date Inspected | Date Repaired        | Description of System Inspected and/or Repaired  |
|----------------|----------------------|--|
| 1/9/17         |                      | Building and grounds inspection  |
| 7/12/17        | No repairs necessary | Inventory equipment, inspect rearing vessels, inspect settling ponds and discharge areas |
|                |                      |  |
|                |                      |  |
|                |                      |  |
|                |                      |  |

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## Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.  
Describe the use of each drug/chemical in more detail on the following pages.

| Used in the past year?   | Drug or Chemical  |
|--|---|
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Azithromycin  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Chloramine-T: <i>See additional reporting requirements on page 7</i>  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Chlorine  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Draxxin   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Erythromycin - injectable   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Erythromycin - medicated feed   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Florfenicol (Aquaflor)  |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Herbicide - describe:   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Hormone - describe:   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Iodine: <i>See additional reporting requirements on page 7</i> primarily used to disinfect equipment (bio-security measure) |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Oxytetracycline   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Potassium Permanganate: <i>See additional reporting requirements on page 7</i>  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Romet   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | SLICE (emamectin benzoate)  |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Sodium Chloride - salt  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Vibrio vaccine  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | Other:  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | Other:  |



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**Aquaculture Drugs and Chemicals (cont'd)**

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

|   |   |  |  |
|---|---|--|--|
| Brand Name: <b>Virkon S</b>   |   | Generic Name:  |  |
| Reason for use: <b>Disinfectant</b>   |   |  |  |
| <input type="checkbox"/> Preventative/Prophylactic<br><input checked="" type="checkbox"/> As-needed   | Total quantity of formulated product per treatment (specify units): <b>1.3 oz/ 1 gallon water</b> | Total quantity of formulated product used in past year (specify units): <b>15.6oz.</b>   |  |
| Date(s) of treatment:<br><b>1/17-12/17</b>  |   | Total number of treatments in past year:<br><b>12</b>  |  |
| Maximum daily volume of treated water:<br><b>none</b>   | Treatment concentration (specify units):<br><b>1:400 ppm</b>                                      | Duration and frequency of treatment(s):<br><b>10 minutes of contact time is sufficient to be effective against pathogens (bacteria and viruses)</b>  |  |
| Method of application:  | <input type="checkbox"/> Static Bath<br><input type="checkbox"/> Flow-through                     | <input type="checkbox"/> Medicated Feed<br><input checked="" type="checkbox"/> Other (describe): <b>used in footbaths for bio-security and to disinfect equipment</b>                          |  |
| Location in facility chemical was used (check all that apply):  | <input type="checkbox"/> Raceways<br><input checked="" type="checkbox"/> Incubation building      | <input type="checkbox"/> Ponds<br><input type="checkbox"/> Off-line settling basin<br><input type="checkbox"/> Other (describe):   |  |
| Where did water treated with this chemical go? (check all that apply):  | <input type="checkbox"/> Discharged w/o treatment<br><input type="checkbox"/> Settling basin      | <input type="checkbox"/> Septic System<br><input type="checkbox"/> Publicly owned treatment works<br><input checked="" type="checkbox"/> Other (describe): <b>evaporation</b>                  |  |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:<br><b>Mainly used to disinfect equipment (hand sprayed) to limit bacteria or viral exposure and used as a bio-security measure in footbaths at entrances to incubation areas.</b> |   |  |  |
| Brand Name: <b>Pendulum</b>   |   | Generic Name:  |  |
| Reason for use: <b>Weed killer</b>  |   |  |  |
| <input type="checkbox"/> Preventative/Prophylactic<br><input checked="" type="checkbox"/> As-needed   | Total quantity of formulated product per treatment:<br><b>0.25 gallon</b>                         | Total quantity of formulated product used in past year (specify units):  |  |
| Date(s) of treatment:<br><b>5/17-9/17</b>   |   | Total number of treatments in past year:<br><b>9</b>   |  |
| Maximum daily volume of treated water:<br><b>0</b>  | Treatment concentration (specify units):  | Duration and frequency of treatment(s):<br><b>as needed to control weeds</b>   |  |
| Method of application:  | <input type="checkbox"/> Static Bath<br><input type="checkbox"/> Flow-through                     | <input type="checkbox"/> Medicated Feed<br><input checked="" type="checkbox"/> Other (describe): <b>spray areas by hand to control ground weeds</b>  |  |
| Location in facility chemical was used (check all that apply):  | <input type="checkbox"/> Raceways<br><input type="checkbox"/> Incubation building                 | <input type="checkbox"/> Ponds<br><input type="checkbox"/> Off-line settling basin<br><input checked="" type="checkbox"/> Other (describe): <b>facility grounds away from rearing vessels.</b> |  |
| Where did water treated with this chemical go? (check all that apply):  | <input type="checkbox"/> Discharged w/o treatment<br><input type="checkbox"/> Settling basin      | <input type="checkbox"/> Septic System<br><input type="checkbox"/> Publicly owned treatment works<br><input checked="" type="checkbox"/> Other (describe): <b>no water was treated</b>         |  |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:<br><b>Treated areas are &gt;100 feet from discharge areas.</b>  |   |  |  |



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**Aquaculture Drugs and Chemicals (cont'd)**

***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

| <b>Static Bath Treatments</b>  |   |
|--|---|
| Tank Volume  | Liters  |
| Desired Static Bath Treatment Concentration  | µg/L  |
| Volume of Product Needed   | Liters Product                                |
| Maximum Effluent Concentration of:<br>1) Solution and 2) Active Ingredient               | Solution:<br>Active Ingredient: Specify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | Specify Units                                 |
| Maximum % of Facility Discharge Treated  | % of Total Discharge                          |

| <b>Flow-Through Treatments</b>   |  |
|--|--|
| Tank Volume  | 65.1 Liters  |
| Calculated Flow Rate   | 15.14 Liters/Minute  |
| Duration of Treatment  | 15 Minutes   |
| Desired Flow-Through Treatment Concentration of Product                                  | 6,000,000 µg/L   |
| Amount of Product to Add Initially   | 0.0252 Liters Product  |
| Amount of Product to Add During Treatment  | 25.2 mL/Minute   |
| Total Volume of Product Needed   | 0.378 Liters Product   |
| Maximum Effluent Concentration of:<br>1) Solution and 2) Active Ingredient               | Solution: 0.00001%<br>Active Ingredient: 37% Formaldehyde (37 grams/100mL) Specify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | 9,841,000 Liters Specify Units   |
| Maximum % of Facility Discharge Treated  | 0 % of Total Discharge   |

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### Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

### Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|                                |                         |
|--------------------------------|-------------------------|
| <i>Jill Phillips</i>           | <i>Hatchery manager</i> |
| Printed name of person signing | Title                   |
| <i>Jill Phillips</i>           | <i>01/09/18</i>         |
| Applicant Signature            | Date Signed             |

### Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191  
Washington Hatchery Annual Report  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101-3140